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CLEARINGHOUSE RULE 96-008

Comments

[NOTE: All citations to "Manual" in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated October 1994.]

5. Clarity, Grammar, Punctuation and Use of Plain Language

- a. Current s. HSS 124.20 (5) (i) 8. a. provides that "(o)nly physicians who are granted appropriate medical staff privileges and who have adequate training in the use of oxytocics may order the administration of oxytocics in the hospital" (emphasis added). Is it intended that these requirements not apply under the proposed rule? If a change is intended, the change should be described in the analysis of the rule.
- b. The term "labor-inducing agent" is used throughout this rule but is not defined. Is this term sufficiently clear or is a definition needed? Also, the current rule defines and uses the term "oxytocics" to refer to drugs used to stimulate labor. Since the term "oxytocics" is replaced by "labor-inducing agent" in the proposed rule and does not appear to be used in other provisions of the current rule, the definition should be deleted from current s. HSS 124.20 (5) (a) 3.
- c. Section HSS 124.20 (5) (i) 8. c. provides that a registered nurse must be present when administration of a labor-inducing agent is initiated and must remain immediately available to monitor maternal and fetal well-being. Would a registered nurse have to be present and remain immediately available even if a licensed nurse midwife is attending the pregnant woman? Should this requirement be rewritten to provide that either a registered nurse or a licensed nurse midwife must be present and immediately available? Also, the second sentence should be rewritten in the active voice. It could begin as follows: A physician shall issue a standing order allowing...."
- d. The first two sentences of s. HSS 124.20 (5) (i) 8. d. should be rewritten in the active voice so it is clear exactly who is responsible for monitoring and documenting the administration of labor-inducing agents. [See s. 1.01 (1), Manual.] In addition, "At a minimum" is unneeded.

Also, this provision requires that the physician or licensed nurse midwife who prescribed the labor-inducing agent be readily available during its administration so that, if needed, he or she will arrive at the patient's bedside within 30 minutes after being notified. What if the physician or licensed nurse midwife who ordered administration of the agent goes off duty while the drug is still being administered? Should language be added to permit a different physician or licensed nurse midwife to be present instead?